MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

CLAIM	ĪS
	1

	.,			A	TOPP	·	<u></u>	CLAIN	15						
	·			AS FILED AFTER		AFTER 2 MAMENDMENT			ASI	AS FILED		AFTER		AFTER	
		IND.	DEP.	IND.	DEP.	IND.	DEP.	1	I	IND.	_	I"AME	MDMENT	2 AME	NOMENT
2			16		1	<u> </u>]	_51	1 410.	DEP.	IND.	DEP.	IND.	DEP.
3						 	ļ	1	52	1	 				
4							 	1	53		1				
5								}	54		·				
7	-		-						55						
8	_		{						<u>56</u> 57						
9	7						· ·	1	<u>57</u>						
10	_							·	<u>59</u>	┪					
			- - 					· [60	1					
12				-					61					-	
13	-							·	62						
14 15								-	63						
16								-	64 ·	 					
17	1							r	66	 -	J				
18	丁							 	67	 					
19					<u>-</u> -				68			 -			
20								L	69						
21 22	- -		-1					F	70	——————————————————————————————————————					
23	- -							-	71 72	 -					
24	1							1-	73			$-\Gamma$			
25	1								74						
26	1								75		-	 			
27	4_							 	76					 -	
28 29	+-			\Box				-	77 78						
30	1-								70 79						
31	1		 -		-				80						
32				 -					81						
33	1_								82						
34 · 35	 						 .		83 84					 	
36	1-			_					85						
37	1-								86						
38									87						
39.				_					88			 			
40	 								89.						
41	 								00		_				_
43	 								2						
44	 				_				3						
45							<u> </u>	9	4						
46					 			9					- 		
47	 _							9							
48 49	ــــن							9							7
50								9							
	7									$\equiv =$			_		
AL IND	17	_ .₹	-	4	}			TOTAL		1		1	1	1	-
AL DEP OTAL	11/15	1800		<u>+</u>		4	_	TOTAL	DEF				-		
AIMS	1							TOTA				1		42	
O - 1360	- (REV. 1					1 2/10/2		CLAI	MS		A P Trace				

PTO - 1360 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE